

EXHIBIT 10



player is required to undergo a mandatory physical examination, and I authorize a representative(s) of SS&M and a physician designated by SS&M to conduct my mandatory physical examination.

5. MEDICAL TREATMENT AUTHORIZATION AND CONSENT – PARENT(S) OR LEGAL GUARDIAN(S) IF PLAYER UNDER 18 YEARS OF AGE

If any emergency arises, whether on-site or off-site during a tournament or otherwise, involving the minor player's physical or mental health and wellness, I hereby give the representative(s) of the WTA SS&M and MH&W Departments, as well as any official tournament physician, full permission and authority to take such steps as are medically reasonably necessary to protect and assist the minor player. I agree to pay any hospital expenses, physician bills, and other expenses incurred as a result of any such medical emergency.

In nonemergency situations, I hereby give official tournament physicians and the representative(s) of SS&M and MH&W full permission and authority to administer and arrange treatment as needed to the minor player, including, but not limited to, athlete training treatments, medical care, physical therapy, mental health and wellness services, and administration of over-the-counter-medications.

PLAYER

I, the undersigned GRACHEVA VARVARA have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature): [Signature] DATE: 30/12/2022

PARENT/LEGAL GUARDIAN (IF APPLICABLE)

I, the undersigned _____, as Parent/Legal Guardian of _____ (player), (i) represent and agree that I have read and fully understand the above Sections 1-5 and have explained to my minor child/ward the risks of participation, her responsibilities for adhering to the WTA Rules, TACP, and TADP, and that my child/ward understands the above Sections 1-5, and (ii) consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-5.

(Signature): _____ DATE: _____